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STATEMENT OF **FEC ORGANIZATION** FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Nicole for New York PO Box 60487 ADDRESS (number and street) (Check if address is changed) Staten Island 10306 NY CITY A STATE A ZIP CODE A COMMITTEE'S E-MAIL ADDRESS lauraschwartz99@gmail.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) nicolemalliotakis.com (Check if address is changed) DATE 01 2020 C00694778 FEC IDENTIFICATION NUMBER > 3. X OR IS THIS STATEMENT NEW (N) AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Schwartz, Laura, , , Type or Print Name of Treasurer Schwartz, Laura, , , [Electronically Filed] 09 15 2021 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012) Toll Free 800-424-9530 Only Local 202-694-1100

FEC Form 1 (Revised 02/2009)	Page <b>2</b>
TYPE OF COMMITTEE	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate information below	ow.)
(b) This committee is an authorized committee, and is NOT a principal campaign committee. (C information below.)	complete the candidate
Name of Candidate Malliotakis, Nicole, , ,	
Candidate Office Party Affiliation REP Sought: <b>X</b> House Sonate Precident	State
Party Affiliation REP Sought: X House Senate President	District 11
(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party.
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization on line 6.) Its	connected organization is a:
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	
(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate committee. (i.e., nonconnected committee)	segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fundraising Representative:	
(g) This committee collects contributions, pays fundraising expenses and disburses net proceeds for committees/organizations, at least one of which is an authorized committee of a federal candidate.	
(h) This committee collects contributions, pays fundraising expenses and disburses net proceeds fo committees/organizations, none of which is an authorized committee of a federal candidate.	r two or more political
Committees Participating in Joint Fundraiser	
1.	
2.	
3.	
4.	

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Write or Type Committee Na		. ago •
Nicole for New		
	d Organization, Affiliated Committee, Joint Fundraising Representative,	, or Leadership PAC Sponsor
Malliotakis Victory Co		
Mailing Address	PO Box 68	
	South Salem NY CITY STATE	10590 ZIP CODE
Relationship: Connec	cted Organization Affiliated Committee X Joint Fundraising Representa	Leadership PAC Sponsor
Custodian of Records: lo books and records.	dentify by name, address (phone number optional) and position of the p	erson in possession of committee
Schwart	tz, Laura, , ,	
	55 Overlook Drive	
Mailing Address		
	Ridgefield	06877
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	203
. <b>Treasurer:</b> List the name a any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; ., assistant treasurer).	; and the name and address of
Full Name Schwart of Treasurer	tz, Laura, , ,	
Mailing Address	55 Overlook Drive	
	Ridgefield	06877
Title or Position	CITY STATE	ZIP CODE
Treasurer	Telephone number	203 - 241 - 5130

1 LO 1 0111	n 1 (Revised 02/2009)	Page <b>4</b>
Full Name of Designated Agent	Comer, Christina, , ,	
Mailing Address	38 Condon Road	
	Stilwater NY 12170  CITY STATE ZIF	P CODE
Title or Position Finance Chairpe	erson Telephone number	
safety deposit bo	<b>Depositories:</b> List all banks or other depositories in which the committee deposits funds, holds a oxes or maintains funds.	accounts, rents
Name of Bank, [		
Name of Bank, E	People's United Bank	
Name of Bank, E		
	People's United Bank	
	People's United Bank  2754 Hyland Blvd.  Staten Island  NY  10306	P CODE
	People's United Bank  2754 Hyland Blvd.  Staten Island  CITY  STATE  ZI	P CODE
Mailing Address  Name of Bank, D	People's United Bank  2754 Hyland Blvd.  Staten Island  CITY  STATE  ZI	P CODE
Mailing Address	People's United Bank  2754 Hyland Blvd.  Staten Island  CITY  STATE  ZI  Depository, etc.	P CODE

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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(h). <b>Joint Fundraisi</b>			
1.		FEC ID number	C
2.		FEC ID number	C
3.		FEC ID number	С
4.		FEC ID number	С
lame of Any Connected	Organization, Affiliated Committee, Joint Fundr	aising Representative	e, or Leadership PAC Spon
TAKE BACK THE	_	<b>99</b>	,, e
Mailing Address	PO BOX 30844		
Mailing Address			
	BETHESDA	, , MD	20824-0844
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	ative Leadership PAC Sp
	Affiliated Committee	Fundraising Represents	Leadership PAC Sp
esignated Agent: Identif		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identii		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identii		Fundraising Representa	Leadership PAC Sp
esignated Agent: Identif	y by name, address (phone number – optional)	Fundraising Representa	Leadership PAC Sp
esignated Agent: Identii	by by name, address (phone number – optional)  CITY		
Full Name Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name Mailing Address  TITLE OR POSITION	cy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the same of Bank, Truist	cy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or make the same of Bank, Truist	cy by name, address (phone number – optional)  CITY   CITY   Te	STATE A	ZIP CODE A
Full Name  Mailing Address  TITLE OR POSITION  Janks or Other Deposite afety deposit boxes or malame of Bank, depository, etc.	cy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A
esignated Agent: Identification  Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc	cy by name, address (phone number – optional)  CITY   CITY   Te  pries: List all banks or other depositories in which aintains funds.	STATE A	ZIP CODE A

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h). <b>Joint Fundraisi</b> n	g Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fund	Iraising Representative	e, or Leadership PAC Spons
Mailing Address	228 S. WASHINGTON ST.		
•	STE. 115		
	ALEXANDRIA	VA L	22314
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connected		nt Fundraising Representa	ative Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Representa	ative Leadership PAC Sp
Connected esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify	d Organization Affiliated Committee X Join by by name, address (phone number – optional)		
esignated Agent: Identify	Affiliated Committee   Join  y by name, address (phone number – optional)	nt Fundraising Representa	Leadership PAC Sp
esignated Agent: Identify Full Name Mailing Address	Affiliated Committee  y by name, address (phone number – optional)  CITY		
Connected esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION Anks or Other Deposito fety deposit boxes or mail arme of Bank,	Affiliated Committee  y by name, address (phone number – optional)  CITY  CITY  ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address  TITLE OR POSITION  anks or Other Deposito afety deposit boxes or material depositions are of Bank, epository, etc	Affiliated Committee  y by name, address (phone number – optional)  CITY  CITY  ries: List all banks or other depositories in which	STATE A	ZIP CODE A

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Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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	ed Organization, Affiliated Committee PATRIOT DAY JFC  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA	FE FE	C ID number C ID number C ID number C ID number Representative	C C C e, or Leadership PAC Spons
3. 4. Name of Any Connect 2022 PHASE 1  Mailing Address  Relationship:	PATRIOT DAY JFC  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA	FE FE	C ID number	C
A. Name of Any Connect 2022 PHASE 1  Mailing Address  Relationship:	PATRIOT DAY JFC  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA	FE	C ID number	C
Name of Any Connect 2022 PHASE 1  Mailing Address  Relationship:	PATRIOT DAY JFC  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA			
2022 PHASE 1  Mailing Address  Relationship:	PATRIOT DAY JFC  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA	e, Joint Fundraising	Representative	e, or Leadership PAC Spons
2022 PHASE 1  Mailing Address  Relationship:	PATRIOT DAY JFC  228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA	e, Joint Fundraising	Representative	e, or Leadership PAC Spons
Mailing Address  Relationship:	228 S. WASHINGTON STREET  SUITE 115  ALEXANDRIA			
Relationship:	SUITE 115 ALEXANDRIA			
Relationship:	SUITE 115 ALEXANDRIA			
	ALEXANDRIA			
	CITY		VA	22314
Conno			STATE A	ZIP CODE ▲
Full Name	ntify by name, address (phone number			
Mailing Address				
	1			1
TITLE OR POSITI	ON ▼		STATE ▲	ZIP CODE ▲
		Telephon	ne Number	